		FOR OHF USE					

LL1

2004
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2004)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0027987

Facility Name: FAIRHAVEN CHRISTIAN RETIREMENT CENTER

Address: 3470 N. ALPINE RD. (Number) ROCKFORD (City) 61114 (Zip Code)

County: WINNEBAGO

Telephone Number: (815) 877-1441 **Fax #** (815) 877-2040

IDPA ID Number: 36-2606227001

Date of Initial License for Current Owners: 03/01/1968

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code	501(C)(3)		Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: JEFF REIERSON **Telephone Number:** (815) 877-1441 X305

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/01/2004 to 12/31/2004 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) THOMAS T. BLEED
(Title) EXECUTIVE DIRECTOR

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	96	Intermediate (ICF)	96	35,136	3
4		Intermediate/DD			4
5	135	Sheltered Care (SC)	135	49,410	5
6		ICF/DD 16 or Less			6
7	231	TOTALS	231	84,546	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF	10,984	19,728		30,712	10
11	ICF/DD					11
12	SC	2,136	25,207		27,343	12
13	DD 16 OR LESS					13
14	TOTALS	13,120	44,935		58,055	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.67%

D. How many bed-hold days during this year were paid by Public Aid?
8 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
NONE

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 03/01/68

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [X] If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/04 Fiscal Year: 12/31/04

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT (# 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	A. General Services											
1	Dietary	640,576	61,585	12,347	714,508		714,508		714,508			1
2	Food Purchase		467,218		467,218	(12,272)	454,946	(13,334)	441,612			2
3	Housekeeping	244,008	42,267	8,330	294,605		294,605		294,605			3
4	Laundry	149,459	24,613	7,226	181,298		181,298		181,298			4
5	Heat and Other Utilities			298,503	298,503	(5,000)	293,503	(22,252)	271,251			5
6	Maintenance	211,520	58,055	276,254	545,829		545,829	(7,543)	538,286			6
7	Other (specify):*			147,006	147,006		147,006		147,006			7
8	**TOTAL General Services**	1,245,563	653,738	749,666	2,648,967	(17,272)	2,631,695	(43,129)	2,588,566			8
	B. Health Care and Programs											
9	Medical Director			16,200	16,200		16,200		16,200			9
10	Nursing and Medical Records	2,525,498	111,101	76,560	2,713,159		2,713,159		2,713,159			10
10a	Therapy											10a
11	Activities	125,709	7,421	1,905	135,035		135,035		135,035			11
12	Social Services	32,352		1,225	33,577		33,577		33,577			12
13	Nurse Aide Training											13
14	Program Transportation			2,698	2,698		2,698	(540)	2,158			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,683,559	118,522	98,588	2,900,669		2,900,669	(540)	2,900,129			16
	C. General Administration											
17	Administrative	222,827			222,827		222,827		222,827			17
18	Directors Fees											18
19	Professional Services			103,585	103,585	(9,452)	94,133	(21,844)	72,289			19
20	Dues, Fees, Subscriptions & Promotions			32,526	32,526	1,040	33,566	(14,209)	19,357			20
21	Clerical & General Office Expenses	140,911	28,827	16,064	185,802		185,802	(1,988)	183,814			21
22	Employee Benefits & Payroll Taxes			970,559	970,559	20,684	991,243		991,243			22
23	Inservice Training & Education											23
24	Travel and Seminar			16,672	16,672		16,672	(14,032)	2,640			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			123,488	123,488	(25,000)	98,488	(1,008)	97,480			26
27	Other (specify):*			6,796	6,796		6,796	(6,796)				27
28	**TOTAL General Administration**	363,738	28,827	1,269,690	1,662,255	(12,728)	1,649,527	(59,877)	1,589,650			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,292,860	801,087	2,117,944	7,211,891	(30,000)	7,181,891	(103,546)	7,078,345			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER #0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			548,768	548,768	15,039	563,807	(110,662)	453,145			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			29,786	29,786		29,786	(29,786)				32
33	Real Estate Taxes			168,985	168,985		168,985	(168,985)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			2,171	2,171		2,171		2,171			35
36	Other (specify):*			12,448	12,448		12,448		12,448			36
37	**TOTAL Ownership**			762,158	762,158	15,039	777,197	(309,433)	467,764			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops					5,000	5,000		5,000			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			52,704	52,704		52,704		52,704			42
43	Other (specify):*			802,500	802,500	9,961	812,461		812,461			43
44	**TOTAL Special Cost Centers**			855,204	855,204	14,961	870,165		870,165			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,292,860	801,087	3,735,306	8,829,253		8,829,253	(412,979)	8,416,274			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(13,334)	Line2		4
5	Telephone, TV & Radio in Resident Rooms	(22,252)	Line5		5
6	Rented Facility Space	(7,543)	Line6		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(1,324)	Line32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest	(28,462)	Line32		14
15	Non-Care Related Owner's Transactions	(110,662)	Line30		15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(14,032)	Line24		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(3,000)	Line27		24
25	Fund Raising, Advertising and Promotional	(14,209)	Line20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(1,988)	Line21		28
29	Other-Attach Schedule Lines 14,19,26,27,33	(196,173)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (412,979)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (412,979)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops	X		5,000	Line 5	41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule Dup Insur	X		25,000	Line 26	45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$ 30,000		47

STATE OF ILLINOIS

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

ID# 0027987

Report Period Beginning: 1/01/2004

Ending: 12/31/2004

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Gas for non-care vehicles	$ (540)		1
2	Insurance for non-care vehicles	(1,008)		2
3	Flowers & decorations, miscellaneous	(3,796)		3
4	Bond trustee costs	(21,844)		4
5	Real estate taxes- main building	(168,985)		5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(196,173)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 **Report Period Beginning:** 1/01/2004 **Ending:** 12/31/2004

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	0	0	0	0	0	0	0	0	0	0	0	0	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	0	0	0	0	0	0	0	0	0	0	0	0	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 **Report Period Beginning:** 1/01/2004 **Ending:** 12/31/2004

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	0	0	0	0	0	0	0	0	0	0	0	0	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	0	0	0	0	0	0	0	0	0	0	0	0	45

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
NONE						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V				$			$	$	1
2	V									2
3	V									3
4	V									4
5	V									5
6	V									6
7	V									7
8	V									8
9	V									9
10	V									10
11	V									11
12	V									12
13	V									13
14	Total				$			$	$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	NONE								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/01/2004 Ending: 2/31/2004

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Alpine Bank-Line of Credit	X		Operating Expenses	None	7/12/04	500,000	200,000	7/12/06	0.0525	3,754	6
7												7
8												8
9	TOTAL Facility Related						$ 500,000	$ 200,000			$ 3,754	9
	B. Non-Facility Related*											
10	City of Rockford Bonds		X	Construction	None	2/22/00	2,500,000	1,880,000	2/01/2013	0.0134	26,032	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$ 2,500,000	$ 1,880,000			$ 26,032	14
15	TOTALS (line 9+line14)						$ 3,000,000	$ 2,080,000			$ 29,786	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** None **Line #** _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 **Report Period Beginning:** 1/01/2004 **Ending:** 12/31/2004

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2003 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	422,023	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	366,515	2
3. Under or (over) accrual (line 2 minus line 1).	$	(55,508)	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)	$	381,175	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	* 0.00	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1999	378,723	8
	2000	388,614	9
	2001	398,084	10
	2002	417,845	11
	2003	366,515	12

*** Since the nursing home portion of our facility is exempt from real estate taxes, all other tax related to the main building would not be allowable and is therefore, adjusted out of the total costs on this report.**

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2003	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME FAIRHAVEN CHRISTIAN RETIREMENT CENTER COUNTY WINNEBAGO

FACILITY IDPH LICENSE NUMBER 0027987

CONTACT PERSON REGARDING THIS REPORT Jeff Reierson

TELEPHONE (815) 877-1441 FAX #: (815) 877-2040

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	152B028B	Main Building	$ 184,676.00	$ none
2.	152B030	3488 N. Alpine	$ 7,981.00	$ none
3.	152B051	Land by Alpine	$ 416.00	$ none
4.	149C081B	Verde Lane	$ 88.00	$ none
5.	149C052,053,054	Rolling Meadow/Terrace View Dup.	$ 237,974.00	$ none
6.	152B031	Garden Lane Duplexes	$ 34,812.00	$ none
7.	152B152,153,154,155,156	Garden Lane Duplexes	$ 25,861.00	$ none
8.	152B157,158,159,161,162	Garden Lane Duplexes	$ 28,753.00	$ none
9.			$	$
10.	SEE ATTACHED PAGE 10B FOR	EXPLANATION	$	$
		TOTALS	$ 520,561.00	$ none

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 159,494 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

FAIRHAVEN CHRISTIAN RETIREMENT CENTER, RETIREMENT LIVING, 57 DUPLEXES (114 UNITS TOTAL)

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Main Building	871,200	1965	$ 62,304	1
2					2
3	TOTALS	871,200		$ 62,304	3

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	94		1967	1967	$ 1,115,078	$ 27,041	40	$ 27,041	$	$ 1,020,243	4
5	76		1973	1973	1,051,996	26,186	40	26,186		829,394	5
6	20		1975	1975	255,191	5,843	20-40	5,843		193,828	6
7	41		1979	1979	1,323,223	31,213	40	31,213		873,561	7
8											8
	Improvement Type**										
9	Land improvements			1968	36,138	27	20-40	27		36,015	9
10	Rec room, air condit., closet doors, Gift Shop remodel			1984	200,604	3,033	20	3,033		200,592	10
11	Install computers, call light system			1985	29,244	165	12-20	165		29,177	11
12	Carpet, Health Center call light system, boiler repair			1986	16,918	145	5-20	145		16,703	12
13	Expansion tank, carpet, light fixt., closet door, windows			1987	14,030	158	5-20	158		13,651	13
14	Fire alarm system, new laundry doors			1988	30,856	738	5-20	738		28,282	14
15	Sliding doors-front entry, water softener			1989	25,488	1,132	10-20	1,132		20,397	15
16	Hot water heater, boiler repair, air condit., exam room			1990	24,368	370	10-20	370		23,223	16
17	Air condit.-2 kitchens, HC computer cab., burner/boiler			1991	44,311	2,830	15-20	2,830		39,164	17
18	Chapel speaker system, burner/boiler, carpeting			1992	27,646	546	10-15	546		26,783	18
19	Remodel dietary off., a/c coff shop, carpeting,smoke det.			1993	35,136	263	10-20	263		32,947	19
20	Air condit.-laundry, new kitchen/apt, fire alarm			1994	11,134	557	10-20	557		8,994	20
21	Remodel 1st floor hallways, air condit. Compressor			1995	12,896	1,290	5-10	1,290		12,254	21
22	Remodel of 6 rooms			1996	33,302	1,643	5-20	1,643		14,407	22
23	Remodeling of nurses station			1996	8,438	422	20	422		3,587	23
24	Boiler repair and new boiler			1996	5,363	536	10	536		4,556	24
25	Heaters			1996	1,630	163	10	163		1,386	25
26	New lights			1996	7,499	375	20	375		3,188	26
27	New windows			1996	1,762	88	20	88		748	27
28	Mixing value and cartridge			1996	6,459	470	5-10	470		5,752	28
29	Rehab & conversion of rooms			1997	119,116	4,765	25	4,765		35,736	29
30	Remodel of Rehab dept., identicard door system			1997	37,374	1,937	10-25	1,937		14,528	30
31	Wall heaters,doors & wind.,water heater,chill water sys			1997	18,338	810	10-25	810		6,075	31
32	Roof work, office remodel,clock wiring,shelving,boiler			1997	33,616	1,728	10-25	1,728		14,394	32
33	Fence along Alpine Road			1998	84,198	4,210	20	4,210		27,365	33
34	Blacktop			1998	12,538	627	20	627		4,076	34
35	Remodel of Rehab Dept & Breakroom			1998	42,423	1,697	25	1,697		11,031	35
36	Rehab resident rooms			1998	92,743	3,710	25	3,710		24,115	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Rehab offices-Ex dir.,ADON, Maint., Activities	1998	$ 36,208	$ 1,448	25	$ 1,448	$	$ 9,411	37
38	Rear entrance door, fire protection system	1998	6,051	242	25	242		1,573	38
39	Rehab Health Ctr., Halls, Storage, Conference room	1998	24,693	988	25	988		6,423	39
40	Rehab coffee shop & gift shop	1998	4,374	175	25	175		1,138	40
41	Health Ctr. sound system,	1998	4,308	287	15	287		1,866	41
42	Electrical work, heating & air condit.	1998	5,180	207	25	207		1,346	42
43	Fence and grading	1999	13,566	678	20	678		3,729	43
44	Blacktop, patching, speed bumps	1999	18,220	951	10-20	951		5,230	44
45	Rehab resident rooms	1999	84,948	3,398	25	3,398		18,689	45
46	Rehab maint off., shop, laund room, housekeeping off.	1999	44,768	1,791	25	1,791		9,851	46
47	Health Ctr. Elevator conversion, emerg. Lights	1999	9,806	931	10-20	931		5,121	47
48	Windows, storm doors, boiler room electrical	1999	12,196	518	20-25	518		2,849	48
49	Rehab Health Ctr.-lighting,heat,ceiling panels,flooring	1999	33,716	1,349	25	1,349		7,420	49
50	Rehab Health Ctr.-conf room,util room,activ,air cond	1999	17,993	864	15-25	864		4,751	50
51	Rehab Health Ctr.-soc serv off., 1st floor restroom	1999	4,077	163	25	163		896	51
52	Wanderguard door alarm	1999	530	53	10	53		292	52
53	Remodel-Main office,coffee shop,gift shop	2000	1,110,762	27,769	40	27,769		124,961	53
54	Employee parking lot	2000	96,253	4,813	20	4,813		21,658	54
55	Irrigation system	2000	18,761	938	20	938		4,221	55
56	Beauty shops-1st & 3rd	2000	49,403	1,235	40	1,235		5,558	56
57	Remodel-Maint., Acctg, Activ.,& 2nd fl HC kitchen off.	2000	38,198	1,910	20	1,910		8,595	57
58	Rehab resident rooms	2000	64,544	3,588	10-20	3,588		16,146	58
59	Main entrance doors	2000	10,535	527	20	527		2,371	59
60	Roof repairs,elevator room repairs,electric,phone,comp.	2000	35,305	2,299	10-20	2,299		10,345	60
61	Back flow system	2000	65,706	3,285	20	3,285		14,783	61
62	Smoke barrier upgrade	2000	68,105	1,703	40	1,703		7,663	62
63	Vanity/Tops/Faucets	2001	8,998	600	15	600		2,100	63
64	Recaulk-main entrance/main dining/S&W wings perimeters	2001	15,040	1,504	10	1,504		5,264	64
65	Signage, OSHA modifications,HVAC modifications	2001	16,911	873	15-25	873		3,056	65
66	2nd floor remodeling-ceiling,sprinkler,lighting,duct work	2001	48,885	2,375	20-25	2,375		8,313	66
67	Rehab resident rooms,countertop,locks	2001	30,992	1,550	20	1,550		5,425	67
68	Miscell plants,pots,trees,mulch,sprinkler system supplies	2001	8,496	668	5-15	668		2,338	68
69	Miscell boiler room doors/frames,castings-main,a/c install	2001	4,578	374	10-25	374		1,309	69
70	TOTAL (lines 4 thru 69)		$ 6,771,162	$ 194,772		$ 194,772	$	$ 3,900,843	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 6,771,162	$ 194,772		$ 194,772	$	$ 3,900,843	1
2	Rehab dietary office-elect,fan coil ductwork,door	2001	7,190	360	20	360		1,260	2
3	Redo wall,hallway,rear stairway coping stone reset	2002	2,104	105	20	105		263	3
4	Vanity/Tops/Faucets	2002	8,106	540	15	540		1,350	4
5	Keys,locks,windows	2002	6,335	351	15-20	351		877	5
6	East entrance doors-structual changes	2002	7,684	384	20	384		960	6
7	Recaulk-HC wing perimeter	2002	12,695	1,270	10	1,270		3,175	7
8	Doors	2002	7,581	505	15	505		1,263	8
9	Laundry,south lounge,water serv valve,roof,trash chute changes	2002	9,256	1,054	5-15	1,054		2,635	9
10	Main office,conference room,training room changes	2002	4,097	205	20	205		512	10
11	Room number signs	2002	6,070	304	20	304		760	11
12	Landscaping, front entrance and east drainage	2003	6,332	555	10-15	555		832	12
13	Back parking lot-coat and seal	2003	8,175	2,725	3	2,725		4,088	13
14	Modify patient toilet rooms and showers	2003	36,996	1,480	25	1,480		2,220	14
15	Garages-crown molding	2003	3,601	180	20	180		270	15
16	Screen,glass,wall,door,latches,locks replacement	2003	15,747	1,063	5-20	1,063		1,594	16
17	Lighting	2003	24,236	1,307	5-20	1,307		1,961	17
18	Vanity/Tops/Faucets	2003	4,908	327	15	327		491	18
19	Boiler room rework	2003	3,795	190	20	190		285	19
20	South wing roof	2003	66,135	3,307	20	3,307		4,960	20
21	Smoke barrier upgrade	2003	28,657	1,433	20	1,433		2,149	21
22	Employee parking lot, sidewalks	2004	14,283	476	15	476		476	22
23	Landscaping drainage	2004	12,100	403	15	403		403	23
24	Employee patio, residents veranda	2004	42,639	1,069	15-20	1,069		1,069	24
25	Vanities/tops	2004	7,657	255	15	255		255	25
26	Emergency lighting, kitchen feeds, sink	2004	16,344	528	15-20	528		528	26
27	Library	2004	11,520	288	20	288		288	27
28	3rd floor renovation	2004	53,708	1,343	20	1,343		1,343	28
29	Thermostats, heaters, heat lamps	2004	7,888	263	15	263		263	29
30	Building equipment, mixing valve, wire fence	2004	14,689	522	15	522		522	30
31	HC room doors	2004	8,783	293	15	293		293	31
32	Room refurbishment- 302/304	2004	8,782	220	20	220		220	32
33	HVAC controls, a/c units	2004	24,793	826	15	826		826	33
34	TOTAL (lines 1 thru 33)		$ 7,264,048	$ 218,903		$ 218,903	$	$ 3,939,234	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTE # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 2,943,282	$ 216,229	$ 216,229	$	5-20 yrs.	$ 1,738,448	71
72	Current Year Purchases	267,474	12,378	12,378		5-20 yrs.	12,378	72
73	Fully Depreciated Assets	(866,640)				5-20 yrs.	(866,640)	73
74								74
75	TOTALS	$ 2,344,116	$ 228,607	$ 228,607	$		$ 884,186	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Bus	Ford Turtle Top-2003	2003	$ 56,345	$ 5,635	$ 5,635	$	10 yrs.	$ 8,452	76
77										77
78										78
79										79
80	TOTALS			$ 56,345	$ 5,635	$ 5,635	$		$ 8,452	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 9,726,813	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 453,145	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 453,145	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 4,831,872	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Garages 1968-92,Vehicles 1989-2004	$ 99,855	$ 3,788	$ 82,346	86
87	Landscaping equipment-1968-2004	49,439	2,775	48,123	87
88	Duplexes & Land Improv.1990-2004	12,538,012	384,399	5,073,866	88
89	E-wing furn.&land improv1990-2004	3,482,300	100,319	1,487,540	89
90	Land-Duplexes	411,576			90
91	TOTALS	$ 16,581,182	$ 491,281	$ 6,691,875	91

G. Construction-in-Progress

	Description	Cost	
92	Construction-in-progress	$ 48,931	92
93			93
94			94
95		$ 48,931	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: NONE

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	$
13.	/2006	$
14.	/2007	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ Description:
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [X] NO

All nurses aides come to Fairhaven having already completed C.N.A. classes prior to employment.

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	NONE	hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$		$	$		$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 **Report Period Beginning:** 1/01/2004 **Ending:** 12/31/2004

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2004 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 38,740	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 190)	325,009		3
4	Supply Inventory (priced at Lwr Cst or Mk)	40,886		4
5	Short-Term Investments			5
6	Prepaid Insurance	35,203		6
7	Other Prepaid Expenses	21,330		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Limited Use Assets	244,893		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 706,061	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	473,880		13
14	Buildings, at Historical Cost	22,900,887		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,897,597		16
17	Accumulated Depreciation (book methods)	(12,626,731)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spesBond Clsg Cost(Net)	100,616		22
23	Other(specify): Vehicles, CIP	229,802		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 14,976,051	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 15,682,112	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 219,595	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	380,000		29
30	Accrued Salaries Payable	109,014		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	381,175		32
33	Accrued Interest Payable	3,032		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Property Tax Credits Due Residents	210,000		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,302,816	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	1,700,000		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Advance Deposits on Founder's Fees	152,850		43
44	Founder's Fees	5,729,041		44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 7,581,891	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 8,884,707	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 6,797,405	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 15,682,112	$	48

***(See instructions.)**

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 6,623,722	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 6,623,722	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	218,560	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	123	11
12	Expenditures for Specific Purposes	(45,000)	12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 173,683	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 6,797,405	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENT # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,060,091	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,060,091	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	6,000	13
14	Non-Patient Meals	24,693	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	7,543	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	128,324	21
22	Laundry	5,144	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 171,704	23
	D. Non-Operating Revenue		
24	Contributions	119,784	24
25	Interest and Other Investment Income***	1,324	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 121,108	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Duplex Income	1,657,940	28
28a	Equipment Rental & Other Income	36,970	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,694,910	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,047,813	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,648,967	31
32	Health Care	2,900,669	32
33	General Administration	1,662,255	33
	B. Capital Expense		
34	Ownership	762,158	34
	C. Ancillary Expense		
35	Special Cost Centers	802,500	35
36	Provider Participation Fee	52,704	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,829,253	40
41	**Income before Income Taxes (line 30 minus line 40)****	218,560	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 218,560	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? YES If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,864	2,080	$ 64,855	$ 31.18	1
2	Assistant Director of Nursing	1,864	2,080	46,360	22.29	2
3	Registered Nurses	23,478	25,595	500,909	19.57	3
4	Licensed Practical Nurses	31,134	33,815	552,412	16.34	4
5	Nurse Aides & Orderlies	98,608	107,176	1,192,302	11.12	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	10,205	11,449	119,939	10.48	8
9	Activity Director	4,724	5,055	65,391	12.94	9
10	Activity Assistants	6,140	6,621	60,318	9.11	10
11	Social Service Workers	1,525	1,823	32,352	17.75	11
12	Dietician					12
13	Food Service Supervisor	3,821	4,297	93,199	21.69	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,375	18,011	183,072	10.16	15
16	Dishwashers	45,147	47,636	364,305	7.65	16
17	Maintenance Workers	11,305	12,100	211,520	17.48	17
18	Housekeepers	26,395	28,232	244,008	8.64	18
19	Laundry	14,824	16,161	149,459	9.25	19
20	Administrator	1,864	2,080	89,884	43.21	20
21	Assistant Administrator	1,864	2,080	78,068	37.53	21
22	Other Administrative	1,904	2,080	54,875	26.38	22
23	Office Manager	1,864	2,080	33,363	16.04	23
24	Clerical	7,987	8,541	107,548	12.59	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,450	2,614	48,721	18.64	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	315,342	341,606	$ 4,292,860 *	$ 12.57	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	329	$ 12,347	Line1-3	35
36	Medical Director	36	16,200	Line 9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	96	1,356	Line 10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	33	1,905	Line 11-3	44
45	Social Service Consultant	20	1,225	Line 12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	514	$ 33,033		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	146	$ 5,825	Line 10-3	50
51	Licensed Practical Nurses	1,725	63,248	Line 10-3	51
52	Nurse Aides	336	6,131	Line 10-3	52
53	TOTAL (lines 50 - 52)	2,207	$ 75,204		53

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTI # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Tom Bleed	Exec. Director	0	$ 89,884
Jeff Reierson	Asst. Administrator	0	78,068
Steve Hemenway	Dir of Resid & Human Serv.	0	54,875
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 222,827

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Achieve Healthcare Tech	Acctg/Med Record Support	$ 9,797
ADP	Payroll Services	15,053
Amcore Bank	3rd Party Admin -403B	5,827
Bank One	Trustee Serv Bond Issue	21,844
BDO Seidman, LLP	Annual Audit Fees	13,000
Guyen & Enichen	Attorney- Tax Appeals	14,340
Illinois State Police	Background Checks	1,040
Jackson Lewis	Attorney- HR issues	14,812
Mygait	Residents Computer Serv.	4,500
Physicians Immed Care	Employee Physicals	2,585
Schleuter & Ecklund Atty's	Attorney- Resident Issues	787
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 103,585

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 138,369
Unemployment Compensation Insurance	48,621
FICA Taxes	314,786
Employee Health Insurance	374,302
Employee Meals	12,272
Illinois Municipal Retirement Fund (IMRF)*	
403-B Annuity Expense-company match	79,001
403-B Annuity Expense-administration	5,827
Company appreciation events	13,039
Employee Benefits Corp-Flex Spending admin	2,441
Employee Physicals	2,585
TOTAL (agree to Schedule V, line 22, col.8)	$ 991,243

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	3,985
Health Care Worker Background Check	1,040
(Indicate # of checks performed 74)	
LSN Membership Fees	10,441
Required Minority Advertising	422
Profess. & Business Related Subscript.	3,159
IL CPA Society Dues	310
Promotional & Advertising Fees	14,209
Less: Public Relations Expense	(2,380)
Non-allowable advertising	(10,817)
Yellow page advertising	(1,012)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 19,357

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$ 0
In-State Travel	445
Seminar Expense	2,195
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 2,640

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER # 0027987 Report Period Beginning: 1/01/2004 Ending: 12/31/2004

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	NONE		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number FAIRHAVEN CHRISTIAN RETIREMENT CENTER **#** 0027987 **Report Period Beginning:** 1/01/2004 **Ending:** 12/31/2004

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **NO**

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **Life Services Network(LSN) $10,441**

(3) Did the nursing home make political contributions or payments to a political action organization? **NO** If YES, have these costs been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **NO** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **YES**
What was the average life used for new equipment added during this period? **8 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **46,240** Line **10 (Col. 2)**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **YES** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **NO**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **52,704**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **NO** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **NONE**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **12,272** Has any meal income been offset against related costs? **YES** Indicate the amount. $ **13,334**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **NO** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **100%**
d. Have vehicle usage logs been maintained? **YES**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **YES**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **YES**
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **YES**
Firm Name: **McGladrey & Pullen CPA'S** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **YES** If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **YES**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **YES**
Attach invoices and a summary of services for all architect and appraisal fees.

FAIRHAVEN CHRISTIAN RETIREMENT CENTER

#0027987 1/1/04 - 12/31/04

RECLASSIFICATIONS:

LINE 2	Food purchase	$ (12,272)	Take out cost of meals provided to employees
LINE 5	Heat & other utilities	$ (5,000)	Take out utilities allocable to beauty shop
LINE 19	Professional services	$ (1,040)	Take out background checks
		$ (2,585)	Take out employee exams
		$ (5,827)	Take out 403-B administration function
		$ (9,452)	
LINE 20	Fees, subscriptions, & promotions	$ 1,040	Add in background checks from line 19
LINE 22	Employee benefits & payroll taxes	$ 12,272	Add in cost of meals from line 2
		$ 2,585	Add in employee exams from line 19
		$ 5,827	Add in 403-B administration function from line 19
		$ 20,684	
LINE 26	Insurance-Property & Liability	$ (25,000)	Take out insurance-property for Duplexes
LINE 30	Depreciation	$ 15,039	Add in additional depreciation relating to Duplexes
LINE 40	Barber & Beauty Shops	$ 5,000	Add in utilities taken out of line 5
LINE 43	Other-Duplexes	$ 25,000	Add in insurance-property from line 26
		$ (15,039)	Take out depreciation from line 30
		$ 9,961	
TOTAL		$ -	

FAIRHAVEN CHRISTIAN RETIREMENT CENTER
#0027987 1/1/04-12/31/04

Schedule V p. 3 & 4

LINE 7

Security Services	$ 129,192
Trash Disposal	$ 17,814
	$ 147,006

LINE 36

Amortization of Bond Closing Costs	$ 12,448

LINE 43

Duplexes: Real Estate Taxes	$ 311,007
Depreciation	$ 384,399
Utilities	$ 48,335
Maintenance	$ 43,720
Insurance	$ 25,000
	$ 812,461

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LINE 29

Gas for Non-Care Vehicles	$	(540)
Insurance for Non-Care Vehicles	$	(1,008)
Flowers & Decorations, Miscellaneous	$	(3,796)
Bond Trustee Costs	$	(21,844)
Real Estate Taxes - Main Building	$	(168,985)
	$	(196,173)

LINE 45

Duplex Insurance	$25,000

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E. Other Revenue

Line 28	$ 1,657,940	Duplex Monthly Maintenance and Founder's Fee Income
Line 28a	$ 8,109	Equipment Rental-Wheelchairs & Gerichairs
	$ 28,861	Other Income such as Vending Machine, Monthly Cable, Activities,Gain on Sale
	$ 36,970	

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PAGE 10B: 2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

EXPLANATION REGARDING PAGE 10A PARTS B & C:

B. Our tax bills relate to property that is not directly used for nursing home services, such as duplex living and independent living in the main building. None is allocated to the nursing home section since it is exempt from real estate taxes.

C. No tax bills have been attached to this report since all of our company real estate tax has been adjusted out.